

Farah

Learning Summary

On behalf of Dorset Community Safety Partnership

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Submitted for Approval: June 2025

Approved by Dorset Community Safety Partnership:
June 2025

Approved by the Home Office: April 2026



Domestic Homicide Review: Learning Summary

DHR D21

Learning from Farah's Disclosures and Experience

Suicide following domestic abuse

Farah was deeply loved. Described as kind-hearted, nurturing, and thoughtful, she was a devoted mother, a loyal friend, and someone who brought warmth and care into the lives of others.

Farah lived with persistent fear. Over time, she shared aspects of this fear with trusted individuals and made limited disclosures to agencies. Her wellbeing and safety were shaped by prolonged experiences of abuse that began when she was a teenage girl, at a formative stage in her life. This early exposure to coercive control from an older partner, an adult man, created a significant power imbalance that influenced her understanding of relationships and her ability to seek help. Across both relationships, she experienced cumulative coercive control that intensified over time and shaped her capacity to disclose abuse or engage with services. Her experience illustrates the cumulative nature of harm across multiple relationships, marked by coercive control, emotional harm, and escalating distress.

Despite facing significant challenges, Farah created a loving home and consistently sought to shield her children from harm. She was known for her resilience and quiet strength, often putting others first and finding joy in small, everyday moments.

In her final days, Farah reported severe anxiety, nightmares, and sleep disturbance. She described waking in tears, feeling unable to face the day, and no longer wanting to feel "awful" and "fragile." Her distress was compounded by threats, accusations, and emotional abuse, culminating in her suicide. These events represented a clear escalation in emotional harm and psychological distress in the days immediately preceding her death. Farah's final moments reflected the enduring psychological impact of abuse. A note left behind revealed the continued influence of someone she had previously described as someone who would one day kill her. The dynamics surrounding her relationships continued to shape her final days and, after her death, the lives of her children. Farah's children have lost not only their mother, but the love, stability, and nurturing she provided. Her absence leaves a profound and painful void.

Anonymisation Statement

This report has been fully anonymised to protect the identities of those involved. All names and identifying details have been removed or replaced with pseudonyms. For clarity across the review process, the pseudonym *Farah* is used in this summary to refer to the victim, while a different pseudonym is used in the restricted Overview Report. Both names are entirely fictitious and have been selected solely to protect the victim's identity and do not reflect the real names, ethnic heritage, or other characteristics of any individuals involved.

1. Executive Summary

This Domestic Homicide Review (DHR) Learning Summary presents the key findings and recommendations derived from a review commissioned following the tragic death by suicide of Farah, an adult female victim. Her death occurred after a prolonged history of domestic abuse from multiple perpetrators. The full DHR report will not be published due to ongoing concerns for the safety of individuals involved and to protect those affected, reflecting careful consideration of potential risks. Instead, this summary has been produced by the Dorset Community Safety Partnership to ensure that key learning is shared and to support agencies in strengthening their approach to domestic abuse.

As established on a statutory basis, the purpose of a DHR is to identify lessons learned from how local organisations worked individually and collectively to safeguard victims. This report aims to apply these lessons to service responses, including changes to policies and procedures, and to improve practice and enhance support for all domestic abuse victims, thereby contributing to the prevention of similar tragedies in the future.

The DHR highlights critical missed opportunities for intervention due to systemic gaps, reliance on victim disclosures, and a lack of consistent, trauma-informed, and proactive engagement across agencies. The review identifies 5 key learning points and makes four multi-agency recommendations.

Learning Points:

1. **Strengthening proactive enquiry in domestic abuse cases**, moving beyond reliance on victim disclosures and closing systemic gaps.
2. **Balancing ethical considerations and strategic engagement with victims' informal networks**, to enhance safeguarding while managing associated risks.
3. **Addressing barriers to reporting and engagement** through victim-led, trauma-informed responses, recognising reluctance as a survival strategy.
4. **Recognising and responding to cumulative vulnerabilities** linked to coercive relationships, mental ill health, and co-parenting complexities.
5. **Strengthening multi-agency responses to perpetrator denial and victim non-cooperation** to better reflect victims' realities, ensuring intervention without formal culpability and recognising children as victims.

S.M.A.R.T Multi-Agency Recommendations

1. **Creating a survivor-informed framework for proactive domestic abuse enquiry**, enhancing proactive engagement and comprehensive risk enquiry.
2. **Implementing the "three-touch follow-up" policy** to standardise structured, trauma-informed engagement and help victims overcome barriers to support.
3. **Integrating lived-experience case studies, reverse risk assessments and suicide risk mapping** into domestic abuse training, improving professional insight into victim realities.
4. **Embedding perpetrator accountability into multi-agency safeguarding** to protect victims and children.

2. Background and Context of Farah's Death

2.1 Farah's Life and Relationships

- **Ex-partner:** Farah entered a relationship with her ex-partner as a teenage girl, during which she later disclosed experiencing early physical abuse. The significant age disparity between them established a power imbalance from the outset that influenced the duration and nature of the abuse she disclosed. He was a persistent, domineering, and influential figure in her life and is the parent of her children.
- **Current partner:** Farah was involved in a relationship with her current partner that, over time, became emotionally harmful. She experienced distress linked to controlling behaviours and abusive communication, which contributed to her overall vulnerability.
- **Final days:** In the days leading up to her death, Farah reported symptoms of severe anxiety, nightmares, and sleep disturbance to her GP, which she linked to previous experiences of domestic abuse. She was subjected to escalating emotional harm from both her ex-partner and current partner. The cumulative distress she experienced preceded her suicide.
- **Overwhelming influence of ex-partner:** Farah left a personal note reflecting the continued psychological presence of a long-term partner. The children remain in the care of a former partner.

2.2 Domestic Abuse-Related Suicide

- **National context:** Domestic abuse-related suicide is a significant public health concern, with over 1,800 lives lost annually in England and Wales. In the year up to March 2024, suspected suicides among victims of domestic abuse (98 cases) outnumbered intimate partner homicides (80 cases). Approximately three-quarters of these suicides involved female victims.
- **Coercive control as a driver:** Emotional and psychological abuse, particularly coercive control, is increasingly recognised as a key driver of suicide risk. It is often not physical violence alone that leads victims to suicidal ideation, but the relentless manipulation, degradation, and isolation inflicted over time. This cumulative harm has been described as a 'death by a thousand cuts', capturing the insidious nature of coercive control and its devastating impact on victims' mental health.
- **Suicide by proxy:** This term describes situations where an abuser's sustained psychological abuse creates the conditions for a victim to take their own life. The criminalisation of coercive control in 2015 was crucial in acknowledging this dynamic.
- **Entrapment and mental health:** Victims of domestic abuse may experience profound feelings of entrapment and hopelessness, where suicide appears to be the only escape. Farah was diagnosed with PTSD shortly before her death, consistent with research showing significantly elevated risk of PTSD among domestic abuse victims. Her distress was further compounded by complex co-parenting dynamics with her ex-partner.

3. Key Chronological Events

This section outlines key events in Farah's life that reflect the cumulative impact of domestic abuse, missed opportunities for intervention, and escalating risk, distinguishing between known facts, witness accounts, and retrospective analysis where relevant.

Dates have been generalised to protect anonymity. The chronology centres Farah's experience, highlighting her help-seeking efforts, the barriers she faced, and the absence of sustained, coordinated support.

- **Relationship breakdown and relocation:** Following a miscarriage, Farah ended a long-term relationship and moved in with a family member.
- **Reconnection and pregnancy:** Farah re-established contact with her ex-partner and became pregnant again.
- **Birth and risk indicators.** After the birth of her second child, safeguarding concerns persisted, prompting agency involvement at an early stage.
- **Physical assault and multi-agency response:** After Farah was violently assaulted, she disclosed a long history of abuse and stalking. A high-risk assessment led to a multi-agency safeguarding response, including children's services. The case was later closed due to limited engagement, which may reflect the impact of fear, coercion, and trauma.
- **New relationship and relocation:** Farah entered a new relationship with her current partner and registered with a new GP.
- **Attempts to access support:** Farah self-referred to psychological support services for trauma linked to domestic abuse. She did not continue with treatment, reflecting difficulty sustaining engagement.
- **Ongoing coercion and surveillance:** Farah was subject to coercive control and surveillance by her ex-partner, with incidents indicating continued intrusion into her life and escalating risk.
- **Escalating emotional harm:** Farah experienced controlling behaviour from her current partner, including exclusion from social events and emotionally abusive communication, contributing to cumulative emotional harm.
- **Mental health deterioration:** Farah reported severe anxiety and symptoms consistent with PTSD to her GP, attributing her distress to stalking and historic abuse, illustrating the cumulative impact of trauma.
- **Final week:** In her final days, Farah experienced emotionally distressing events including arguments, threats, and exposure of private information, signalling a clear escalation in emotional harm and risk immediately prior to her death. She sought medical support and was diagnosed with PTSD.
- **Farah's death:** Farah died by suicide. Her final days reflected acute emotional harm, isolation, and the absence of a sustained safeguarding response.

4. Analysis: Main Themes and Key Learnings

4.1 Domestic Abuse: Hearing Farah's Voice

- **Multifaceted abuse:** Farah experienced prolonged domestic abuse from her ex-partner and current partner, including physical violence, coercive control, stalking, and harassment. Her ex-partner physically attacked her in front of their child and used surveillance technology. Her current partner used controlling behaviour and caused emotional distress through accusations and threats.
- **Impact of early exposure and power imbalance:** Farah's relationship with an older ex-partner was marked by a significant power imbalance. The DHR establishes that this dynamic, formed when she was a teenage girl with a man in his thirties, will have shaped her early understanding of relationships and normalised coercive control. This developmental context was not fully known to practitioners during her lifetime and likely created a barrier to recognising abuse and seeking help independently as an adult.
- **Pregnancy as a period of heightened risk:** Farah experienced abuse during her pregnancies, a time recognised as high-risk for domestic abuse, sometimes referred to as 'domestic terror'. Despite multiple interactions with health professionals during these periods, she did not disclose the abuse, representing missed opportunities for practitioners to enquire sensitively about her safety and well-being.
- **Fear and coercion as barriers to engagement:** Farah lived with persistent fear and anxiety, telling police she believed her ex-partner would kill her. Her limited engagement with services was likely shaped by ongoing coercion, fear of repercussions, and the psychological impact of prolonged abuse.
- **Trauma response and disclosure complexity:** Farah sometimes gave differing accounts of events or presented as coping well to professionals. These patterns are consistent with trauma responses, survival strategies, or efforts to minimise the abuse to preserve immediate safety. This highlights the complexity victims face in disclosing abuse and the need for professionals to interpret such behaviours within a trauma-informed framework.
- **Impact on mental health:** The cumulative impact of abuse led to Farah's diagnosis of PTSD. Her symptoms included heightened anxiety, nightmares, and sleep disturbance, reflecting the profound psychological toll of sustained harm.

4.2 Key Lines of Enquiry (KLOE) and Learnings

KLOE 1: Concerns from Farah's Network and Missed Opportunities to Explore them

- **Learning 1: Strengthening proactive enquiry in domestic abuse cases.** Agencies often relied on observation rather than direct enquiry, resulting in missed opportunities to understand Farah's experiences and assess risk. Her limited engagement with services may not have been recognised as a potential safety strategy. Systemic barriers, including inconsistent recording of Public Protection Notices (PPNs) in GP records, affected early identification of risk.

- **Learning 2: Balancing ethical considerations and strategic engagement with victims' informal networks.** Although no direct reports were received from Farah's network, agencies did not actively explore potential concerns raised informally. Future practice should consider whether engaging with informal networks could support risk assessment and safeguarding, while maintaining informed consent, privacy, and professional boundaries.

KLOE 2: Barriers to Services

- **Learning 3: Addressing barriers to reporting and engagement through victim-led, trauma-informed responses.** Farah experienced multiple barriers to accessing support, including limited engagement with agencies. Records indicate she expressed concern about potential repercussions of providing a police statement. The complexities of co-parenting with her ex-partner where abuse had been reported, and potential concerns about child removal, were documented as influencing factors. Systemic issues such as delayed agency contact and the absence of a comprehensive risk assessment also affected the support available to her.

KLOE 3: Cumulative Factors and Complex Family Dynamics

- **Learning 4: Recognising and responding to cumulative vulnerabilities.** Farah experienced multiple intersecting challenges, including coercive relationships, mental health concerns, co-parenting arrangements, and social pressures. Her early exposure to abuse, and an undisclosed relationship with another partner were identified as contributing to increased risk. Limited disclosure and secrecy were noted as barriers to effective safeguarding.
- **Learning 5: Strengthening multi-agency responses to perpetrator denial and victim non-cooperation.** No formal culpability was established for either her ex-partner or current partner, and Farah's children remain in the care of one of them. Agencies should embed perpetrator accountability through coordinated evidence gathering, inter-agency corroboration, and safeguarding approaches that do not rely solely on victim statements or criminal convictions. Children should be recognised as victims in their own right.

KLOE 4: COVID-19 Impact

- The COVID-19 pandemic coincided with periods of agency involvement in Farah's case. While the direct impact on her vulnerability is not fully documented, records indicate changes to service delivery, including blended supervision arrangements for her current partner. Farah reported difficulties during lockdown, and her engagement with support services may have been affected by concerns about face-to-face contact.

4.3 Instances of Effective Practice

The review identified clear examples of strong professional practice that demonstrated a commitment to victim-centred safeguarding, illustrating what worked well and why:

- **Prompt risk recognition:** Police responded promptly to Farah's disclosure in 2020, arresting the ex-partner and submitting a high-risk (score 18) PPN. This ensured early recognition of severity, triggering timely MARAC & HRDA oversight.
- **Persistence in engagement:** Health Visiting and Talking Therapies services made sustained outreach attempts, using varied contact methods during and after lockdowns. This ensured support remained visible and accessible despite Farah's withdrawal.
- **Collaborative information sharing:** Probation, Children's Services and The YOU Trust shared timely updates on supervision, addresses and safety planning. This supported continuity of safeguarding and a shared understanding of risk.
- **Clinical continuity:** GP practices provided consistent medical care, followed up missed appointments and improved PPN flagging in records. These steps strengthened early identification of domestic abuse and continuity of care.

5. Multi-Agency Recommendations

The DHR presents four S.M.A.R.T. (Specific, Measurable, Achievable, Relevant, Time-bound) multi-agency recommendations for the Dorset Community Safety Partnership:

1. **Creating a survivor-informed framework for proactive domestic abuse enquiry:** To strengthen proactive enquiry and ethical engagement with informal networks. This framework will prioritise victim safety, consent, and GDPR compliance, embed structured enquiry techniques, integrate survivor-led insights, and ready-to-use scenarios for training. (Responds to Learning 1 and 2).
2. **Implement the "Three-Touch Follow-Up" policy:** To reduce barriers to reporting and engagement by ensuring victims receive consistent, trauma-informed opportunities to engage without pressure or retraumatisation. This policy will require three proactive contact attempts using varied methods and prevent premature case closures. (Responds to Learning 3).
3. **Integrate lived-experience case studies, reverse risk assessments, and suicide risk mapping into domestic abuse training:** To help agencies recognise and respond to complex cumulative vulnerabilities. This will include anonymised real-life case studies, exercises to map out real choices victims faced, and structured guidance for identifying suicide risk where trauma symptoms are present, but ideation is not explicitly disclosed. (Responds to Learning 4).
4. **Embed perpetrator accountability into multi-agency safeguarding to protect victims and children:** To ensure structured interventions even when formal perpetrator pathways are not viable. This involves structured reflection prompts in case reviews ("How has perpetrator behaviour shaped this victim's choices?"), a perpetrator accountability checks in assessments, and recognition of children as victims, leveraging existing frameworks such as the High Harm Perpetrator Panel. (Responds to Learning 5).

6. Single Agency Recommendations

Several individual agencies also made specific recommendations within their Individual Management Reviews (IMRs):

- **General Practices:** Routinely enquire and document history of domestic abuse and stalking, especially for patients with exacerbated PTSD symptoms.
- **Council - Children Services:** Test integration of HRDA actions into children's plans and ensure staff access to up-to-date domestic abuse tools.
- **HealthCare:** Ensure staff record identity of men/fathers/partners in clinical notes, be mindful of exercising professional curiosity, and ensure consistent sending of assessment summaries to GPs.
- **Probation:** Consistently apply appropriate enforcement decisions, undertake all reasonable measures to identify and manage serious harm risk dynamically, and adhere to safeguarding measures throughout sentences.
- **The YOU Trust:** Ensure all agency referrals have completed DASH RIC attached, and that information regarding risk factors is shared by referring agencies. Remind SPOCs to request missing DASH RICs.

7. Independent DHR Chair and Author

- Roxanne Khan PhD is an Honorary Professor in Psychology, Crime, and Justice at CMU. She has no connection with the local area or any agencies involved in this DHR.
- She is an experienced DHR/DARDR Chair and Author. She has authored more than 70 peer-reviewed publications and quality-assessed reports on child abuse, family violence, and domestic homicide research, policy, and practice. She completed Home Office training in August 2021 and the AAFDA (Advocacy After Fatal Domestic Abuse) DHR/DARDR Chair Training Course in October 2025.
- Professor (Hon) Khan is Founding Director of HARM network at onEvidence, and her work in this area has been nationally recognised: she is recipient of the British Psychological Society's Textbook of the Year Award (2025), and recipient of the Division of Forensic Psychology Excellence in Research Award (2025).
- Further information about Professor (Hon) Khan can be found at onEvidence.co.uk.